IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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David GOLDWITZ

Title:

PORTABLE SHELTER FOR

GOLFERS

Appl. No.:

Unknown

Filing Date:

Herewith

Examiner:

Unknown

Art Unit:

Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

David Goldwitz 6820 Benjamin Road Tampa, Florida 33684

[X]	Applicant claims small entity status under 37 CFR 1.27.
Enclosed are:	
[X]	Specification, Claim(s), and Abstract (6 pages).
[X]	Informal drawings (3 sheets, Figures 1, 2, 3).
[]	Declaration and Power of Attorney (pages).

Assignment of the invention to (

).

l	Assignment Recordation Cover Sheet.
[]	Small Entity statement.
	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[Information Disclosure Statement.
[Form PTO/SB/08 with copies of listed reference(s).
[X]	Application Data Sheet (37 CFR 1.76) (3 pp).
[Claim for Convention Priority.

The filing fee is calculated below:

	Claims		Included		Extra		Rate		Fee
	as Filed		in		Claims				Totals
]	Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total	1	-	20	=	0	X	\$18.00	=	\$0.00
Claims:									
Independents	1	-	3	=	0	x	\$86.00	=	\$0.00
:									
If any Multiple	e Depender	ıt Cla	im(s) pres	ent:		+	\$290.00	=	\$0.00
Surcharge und	ler 37 CFR	1.16(e) for late	filii	ng of	+	\$130.00		\$130.00
Executed Declaration and late payment of filing fee								=	
							SUBTOTAL:	=	\$900.00
[]		Sm	all Entity l	Fees	Apply (subtr	act ½ of above):	=	\$450.00
					Γ	OTA	L FILING FEE:	=	\$450.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be

enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 30, 2004

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Зу __

Howard N. Shipley Attorney for Applicant Registration No. 39,370